

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034370

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1312

FILED SEP 17 1962

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mich. b. COUNTY Berrien	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Length of stay in lb 1hr.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge-Protestant		d. STREET ADDRESS (If outside, give location) 704 Wayne St.	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Ester Drake		4. DATE OF DEATH Month Day Year Aug. 28, 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-2-1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (City and state or country) Luka, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Noah Westerfield		13b. MOTHER'S MAIDEN NAME Hattie Overdurt	
14. NAME OF HUSBAND OR WIFE Clarence Drake		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Alice Bethurem, Stoutland, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SHOCK & HEMORRHOAGE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto Accident	
20c. TIME OF INJURY Hour 8-28-62 e.m. 8-28-62 p.m. 8-28-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION Leckle, MO	
21. I attended the deceased from 2:00 p.m. to 2:10 p.m. and last saw him alive on 8-28-62		Death occurred at 2:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Joseph P. Hill		22b. ADDRESS Springfield, MO.	
22c. DATE SIGNED 9-4-62		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 9-1-62		23c. NAME OF CEMETERY OR CREMATORY Mission Hills	
23d. LOCATION (City, town, or county) Springerville, Michigan		25. DATE RECD. BY LOCAL REG. 9-11-62	
24. FUNERAL DIRECTOR T.J. Shadel, Lebanon, Mo.		26. REGISTRAR'S SIGNATURE Effie S. Muelton	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS SEP 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Brie M. Abbott

Licensed Embalmer No.

5115

P. O. Address

Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit 8-28-62